

<i>SERFF Tracking Number:</i>	<i>LCNC-126281421</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43815</i>
<i>Company Tracking Number:</i>	<i>LN682 INREACH VUL</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>LN682 InReach VUL</i>		
<i>Project Name/Number:</i>	<i>LN682 InReach VUL/LN682 et al</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: LN682 InReach VUL

SERFF Tr Num: LCNC-126281421 State: Arkansas

TOI: L06I Individual Life - Variable

SERFF Status: Closed-Approved-
Closed

Sub-TOI: L06I.002 Single Life - Flexible
Premium

Co Tr Num: LN682 INREACH VUL State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Beth Scekeres, Jeanine
Taylor

Disposition Date: 10/22/2009

Date Submitted: 10/16/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LN682 InReach VUL

Status of Filing in Domicile: Pending

Project Number: LN682 et al

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/22/2009

Explanation for Other Group Market Type:

State Status Changed: 10/22/2009

Deemer Date:

Created By: Jeanine Taylor

Submitted By: Beth Scekeres

Corresponding Filing Tracking Number:

Filing Description:

Hon. Jay Bradford

Commissioner of Insurance

Compliance-Life & Health

Attn: Joe Musgrove

1200 West Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: LCNC-126281421 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 43815
Company Tracking Number: LN682 INREACH VUL
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: LN682 InReach VUL
Project Name/Number: LN682 InReach VUL/LN682 et al
The Lincoln National Life Insurance Company
(NAIC# 020-65676, FEIN # 35-0472300)

Re: NEW SUBMISSION

LN682 - Flexible Premium Variable Life Insurance Policy
LN682-1 - Insert Policy Specification Pages

Dear Mr. Musgrove:

We submit the above noted forms for your review and approval. These forms are new and do not replace any other forms previously approved by your Department. These forms do not contain any unusual or controversial items from normal company or industry standards and are intended to comply with all laws, rules, bulletins and published guidelines of your jurisdiction applicable to these forms. The enclosed forms are submitted in final printed format and are subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

These forms will be distributed in the general individual life market and will be available for issue ages 30 – 65 inclusive. These forms are regulated by the SEC so they are exempt from readability requirements.

We provide the following descriptions for the enclosed forms:

LN682 Flexible Premium Variable Life Insurance Policy

Form LN682 is a non-participating variable life insurance policy payable upon the death of the Insured. Flexible premiums are payable until the Insured reaches age 100.

LN682-1 Insert Policy Specification Pages

Insert Policy Specification pages form LN682-1 is submitted for use with Flexible Premium Variable Life Insurance Policy form LN682.

We have bracketed certain items in the forms as variable information because they may change for new issues in the future (but not in-force policies). It is our understanding that changes to the bracketed items for new issues will not necessitate a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue and any of the changes made will be completed within the allowable limits of the laws in the state in which the policy was issued. The use of variability in the enclosed forms will be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Thank you for your attention to this filing. Please do not hesitate to contact me if you require any additional information that may assist with your review.

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Sincerely,

Beth A. Scekeres, Contract Analyst
Phone: (860) 466-1962 Fax: (860) 466-1348
bascekeres@LNC.com
Enclosures

Company and Contact

Filing Contact Information

Beth Scekeres, Contract Analyst Beth.Scekeres@lfg.com
350 Church Street 860-466-1962 [Phone]
MPM1 860-466-1348 [FAX]
Hartford, CT 06103-1106

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street - MPM1 Group Code: 20 Company Type: Life
Hartford, CT 06103-1106 Group Name: State ID Number:
(860) 466-2899 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? Yes
Fee Explanation: \$35.00 per form filed
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$70.00	10/16/2009	31333115

<i>SERFF Tracking Number:</i>	<i>LCNC-126281421</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/22/2009	10/22/2009

<i>SERFF Tracking Number:</i>	<i>LCNC-126281421</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LCNC-126281421</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Certification - Reg 33		Yes
Form	Flexible Premium Variable Life Insurance Policy		Yes
Form	Insert Policy Specification pages		Yes

SERFF Tracking Number: LCNC-126281421 State: Arkansas

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Form Schedule

Lead Form Number: LN682 et al

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LN682	Policy/Cont Flexible Premium ract/Fratern Variable Life al Insurance Policy Certificate	Initial		0.000	AR Policy.pdf
	LN682-1	Policy/Cont Insert Policy ract/Fratern Specification pages al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	NW Spec Pages.pdf



The Lincoln National Life Insurance Company

(the "Company")

Service Office: [One Granite Place
Concord, NH 03301
800-444-2363]

A Stock Company

The Lincoln National Life Insurance Company agrees to pay the Death Benefit Proceeds to the Beneficiary after receipt of Due Proof of Death while this policy is In Force and to provide the other rights and benefits in accordance with the terms of this policy.

Read this Policy Carefully

This is a legal contract between You and Us. This policy is issued and accepted subject to the terms set forth on the following pages, which are made a part of this policy. In consideration of the application and the payment of premiums as provided, this policy is executed by Us as of the Policy Date.

Right to Examine this Policy

You may return this policy for any reason to the insurance agent through whom it was purchased or to Us at the address listed above within 10 days after its receipt (20 days after its receipt where required by law for policies issued in replacement of other insurance). If returned, this policy will be considered void from the Policy Date and We will refund, as of the date the returned policy is received by Us, the greater of: the total premium paid for this policy less any prior loans and unpaid loan interest; or the Accumulation Value plus any charges and fees taken under the policy's terms.

ANY BENEFITS, INCLUDING DEATH BENEFITS, AND VALUES PROVIDED BY THIS POLICY BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT ARE VARIABLE, MAY INCREASE OR DECREASE DAILY, AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

The Death Benefit Proceeds on the Policy Date equal the Initial Specified Amount of this policy. Thereafter, the Death Benefit Proceeds may vary under the conditions described in this policy.

President

Secretary

Insured [JOHN DOE]
Policy Number [SPECIMEN]

FLEXIBLE PREMIUM VARIABLE LIFE INSURANCE POLICY

Death Benefit Proceeds payable if the Insured dies while this policy is In Force. Investment results reflected in policy benefits. Non-participating - Not eligible for dividends.

LN682

AR

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Summary of Policy Features

This summary is an overview of the important features and operations of Your policy. It is meant to give You a basic understanding of Your policy. Specific details regarding these features are only provided in the policy provisions and cannot fully be described in a summary. **This summary is not a substitute for reading the entire policy carefully.**

Flexible Premium Variable Life Insurance - This title is Our generic name for variable life insurance. "Flexible premium" means that You may pay premiums by any method agreeable with Us, at any time prior to the Insured's Attained Age 100 and in any amount subject to certain limitations. "Variable life" means that death benefits and values may increase or decrease daily, and are not guaranteed as to dollar amount. You are able to select, monitor, and change investment Sub-Account choices within Your policy. With the wide variety of investment Sub-Accounts available, it is possible to fine tune an investment mix to meet changing personal objectives or investment conditions. Your choice of Sub-Accounts and the performance of the funds underlying each Sub-Account will impact the policy's Accumulation Value and will impact how long the policy remains In Force, its tax status, and the amount of premium You need to pay to keep the policy In Force.

Accumulation Value – The Accumulation Value is a key component of Your policy. It's where Your premiums get credited and where We assess Your charges for providing coverage. We apply a charge to each premium You pay, then add the balance to the Accumulation Value. We deduct the cost of providing the coverage (the Cost of Insurance) plus the cost of any additional benefits and/or riders and administrative charges from this value each month as a "Monthly Deduction". The Accumulation Value will also reflect any decrease as a result of market performance in the Sub-Account(s). We then credit interest to the difference along with any increases as a result of market performance in the Sub-Account(s). Simply put – premium, interest additions and increases as a result of market performance in the Sub-Account(s) increase the Accumulation Value. Our charges along with any decreases as a result of market performance in the Sub-Account(s) decrease the Accumulation Value. If additions exceed deductions, Your Accumulation Value increases; if deductions exceed additions, Your Accumulation Value decreases. If the Accumulation Value, less surrender charge, less Indebtedness becomes so small that We cannot take an entire Monthly Deduction, Your policy may terminate; see the policy provisions describing the Grace Period.

Variables – Many variables affect Your policy's performance. The better You understand these variables, the better You will be able to monitor Your policy's performance and take advantage of its flexibility:

- **Credited Interest Rates.** To the extent You choose to allocate funds to the Fixed Account rather than Sub-Accounts, credited interest is a significant component of Your policy. Do not assume that interest rates will remain constant for any extended period of time or that interest rates credited to this policy will correlate with changes in interest rates on other policies owned by You. We can change interest rates at any time based on certain contractually identified factors subject to a minimum rate.
- **Market Performance of Sub-Account(s).** To the extent You choose to allocate funds to Sub-Account(s), Your policy's performance will be significantly impacted by the market performance of the Sub-Account(s). It may increase or decrease daily and is not guaranteed as to dollar amount.

Policy Mode. The policy can be viewed as having 2 modes, the Funding Mode and the Accumulation Value Mode. During the Funding Mode, You are focusing on paying premiums which increase Your Accumulation Value. During the Accumulation Value Mode, You are focusing on the management and possible utilization of your Accumulation Value through loans. To optimize the Accumulation Value performance of Your policy, it may be desirable to exercise the option to change Your policy from Funding Mode to Accumulation Value Mode. Should this change come prior to the end of Policy Year 12, it will meet the Policy Mode Test and can result in significant reductions in the Lincoln InReach Monthly Fee. Even if completed after Policy Year 12, this change can reduce the premium level necessary to pass the Policy Funding Test, which can also result in significant reductions in the Lincoln InReach Monthly Fee. However, this change to Accumulation Value Mode can have significant Tax consequences, because it includes a reduction in Death Benefit which will cause future premium payments to be limited to maintain tax qualification status. A change to Accumulation Value Mode prior to the end of Policy Year 7 may also have immediate impact on tax qualification status.

- **Monthly Cost of Insurance and Administrative Charges.** The Lincoln InReach Monthly Fee, as shown in the Policy Specifications, for the first 7 Policy Years does not change. In Policy Year 8 and after, the Lincoln InReach Monthly Fee will be determined pursuant to the Lincoln InReach Monthly Fee Tests described in the Policy Specifications. In addition, there are other administrative charges applied to Your policy to cover the cost of Your coverage. See the Table of Surrender Charge Percentages, the Table of Expense Charges and Fees and the Table of Guaranteed Maximum Cost of Insurance Rates shown in the Policy Specifications. Some of these charges can change subject to contractually specified maximums, such as the Premium Load, M&E Charge and Monthly Cost of Insurance Rates.
- **Premium Payments.** Payment of premiums, even planned premiums, may not result in Accumulation Value performance as originally expected. Premium payments are only one variable affecting the performance of Your Accumulation Value. Your policy could perform better or worse than expected due to the effect of changes in interest rates, monthly cost of insurance charges, administrative charges, and market performance in the Sub-Account(s) as well as the timing, amount and frequency of Your premium payments. In particular, maintaining a total premium level sufficient to meet the Policy Funding Test can result in significant reductions in the Lincoln InReach Monthly Fee. Obviously, if You choose to pay lower premiums or skip premium payments, such actions will have the impact of slowing Your Accumulation Value growth and increasing the potential that Your policy will Lapse.

Monitoring Your Policy's Performance – We will send You an annual statement to help You monitor Your policy's performance and compare it to Your objectives when You purchased Your policy. Begin by verifying that Your planned premiums will accomplish Your insurance objective. Ask Your life insurance advisor to explain anything You do not understand. You may need to adjust Your premiums to achieve Your insurance objectives. You may request a projection of future Death Benefits and Accumulation Value from Us once a year without charge. We are also available to answer Your questions and assist You in making contractually permissible changes to Your policy.

Table of Contents

	Page [*]
Summary of Policy Features.....	2
Policy Specifications	3
Riders and Rider Charges.....	3a
Table of Surrender Charges.....	3b
Table of Expense Charges and Fees	3c
Table of Guaranteed Maximum Cost of Insurance Rates.....	3d
Corridor Percentages Table	3e
Definitions.....	5
Premium and Reinstatement Provisions.....	8
Ownership, Assignment and Beneficiary Provisions	9
Separate Account Provisions	10
Policy Values Provisions	11
Transfer Privilege Provisions	14
Optional Sub-Account Allocation Programs.....	15
Nonforfeiture Provisions.....	15
Loan Provisions.....	16
Insurance Coverage Provisions	17
General Provisions.....	18

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Definitions

Accumulation Value

The sum of (1) the Fixed Account value plus (2) the Separate Account value plus (3) the Loan Account value under this policy, as described in the Policy Values Provisions.

Attained Age (Age)

The Insured's Issue Age plus the number of completed Policy Years.

Beneficiary

The person(s) or entity(ies) named in the application for this policy, unless later changed as provided for by this policy, to whom We will pay the Death Benefit Proceeds upon the death of the Insured.

Change to Accumulation Value Mode

A change in Specified Amount and Death Benefit that You can initiate which can reduce the Lincoln InReach Monthly Fee, but which will also reduce Death Benefit and impact the ability to pay additional premiums while maintaining tax qualification status.

Cost of Insurance

The monthly cost of providing life insurance under this policy.

Date of Issue

The date from which Suicide and Incontestability periods are measured. The Date of Issue is shown in the Policy Specifications.

Death Benefit Proceeds

The amount payable upon death of the Insured as described in the Death Benefit Proceeds provision.

Due Proof of Death

A certified copy of an official death certificate, a certified copy of a decree of a court of competent jurisdiction as to the finding of death, or any other proof of death satisfactory to Us.

Fixed Account

The Fixed Account is a part of the Company's General Account, and Fixed Account assets are general assets of the Company. Fixed Account principal is guaranteed and interest is credited at a rate not less than the Guaranteed Minimum Fixed Account Interest Rate shown in the Policy Specifications.

Fund(s)

The funds in which the Net Premium Payments that You allocate to one or more Sub-Accounts, and the amounts transferred among Sub-Accounts, will be invested by the Company.

In Force

Not surrendered or terminated for any reason.

In Writing (Written Request, Written Notice)

With respect to any notice or request to Us, this term means a written form satisfactory to Us signed by You and received at Our Service Office. With respect to any notice from Us to You or any other person, this term means written notice by ordinary mail to such person at the most recent address in Our records.

Indebtedness

The amount of any outstanding loan against this policy, including loan interest accrued but not yet charged.

Insured

The person whose life is insured under this policy as shown in the Policy Specifications.

Issue Age

The Insured's age last birthday on the Policy Date.

Lapse

Terminate without value.

Loan Account

The account in which amounts equal to amounts loaned under this policy, including capitalized loan interest, accrue once transferred out of the Fixed Account and/or Sub-Accounts. The Loan Account is part of Our general account.

Monthly Anniversary Day

The day of the month shown in the Policy Specifications when We deduct the Monthly Deduction, or the next Valuation Day if the Monthly Anniversary Day is not a Valuation Day or is nonexistent for that month.

Monthly Deduction

The amount deducted on each Monthly Anniversary Day from the Net Accumulation Value for certain expenses and the Cost of Insurance, as described in the Monthly Deduction provision.

Net Accumulation Value

An amount equal to the Accumulation Value less the Loan Account value.

Net Premium Payment

The portion of a premium payment, after deduction of the Premium Load shown in the Table of Expense Charges and Fees in the Policy Specifications, available for allocation to the Fixed Account and/or Sub-Accounts.

1940 Act

The Investment Company Act of 1940, as amended.

Owner

The person(s) or entity(ies) shown in the Policy Specifications who may exercise rights under this policy, unless later changed as provided for by this policy. If no Owner is designated, the Insured will be the Owner.

Policy Anniversary

The same date (month and day) each Policy Year equal to the Policy Date, or the next Valuation Day if the Policy Anniversary is not a Valuation Day or is nonexistent for that year.

Policy Date

The date shown in the Policy Specifications from which Monthly Anniversary Days, Policy Anniversaries, Policy Months, Policy Years, and premium due dates are determined.

Policy Funding Test

The Policy Funding Test is used in Policy Year 8 and thereafter to measure actual premium paid in relation to set premium levels for the purposes of determining the Lincoln InReach Monthly Fee as defined in the Policy Specifications.

Policy Mode Test

The Policy Mode Test is used in Policy Year 8 and thereafter to identify if the Change to Accumulation Value Mode has occurred for the purposes of determining the Lincoln InReach Monthly Fee as defined in the Policy Specifications.

Policy Month

The period from one Monthly Anniversary Day up to, but not including, the next Monthly Anniversary Day.

Policy Specifications

The pages of this policy which show Your benefits, premium, costs, and other policy information.

Policy Year

Twelve-month periods beginning on the Policy Date up to, but not including, the next Policy Anniversary.

Premium Class

The mortality classification for this policy as shown in the Policy Specifications.

SEC

The Securities and Exchange Commission.

Separate Account

The Company's separate account shown in the Policy Specifications consisting of all Sub-Account(s) which invest in shares of the Fund(s). Separate Account assets are not chargeable with the Company's general liabilities. The investment performance of Separate Account assets is kept separate from the Company's general assets.

Service Office

Our principal place of business as shown on the front cover.

Specified Amount

The amount You chose at issue which is used to determine the amount of death benefit and the amount of rider benefits, if any. The minimum Specified Amount allowable under this policy at issue and this policy's Specified Amount at issue ("Initial Specified Amount") are shown in the Policy Specifications.

Sub-Account(s)

Divisions of the Separate Account created by the Company to which You may allocate Your Net Premium Payments and among which You may transfer Separate Account values.

Surrender Value

The Net Accumulation Value on the date of surrender less any accrued loan interest not yet charged, and less any applicable surrender charge shown in the Table of Surrender Charges in the Policy Specifications.

Valuation Day

Any day on which the New York Stock Exchange is open for business, except a day during which trading on the New York Stock Exchange is restricted or on which an SEC-determined emergency exists or on which the valuation or disposal of securities is not reasonably practicable, as determined under applicable law.

Valuation Period

The period beginning immediately after the close of business on a Valuation Day and ending at the close of business on the next Valuation Day.

Variable Accumulation Unit

A unit of measure used to calculate the value of a Sub-Account as described in the Variable Accumulation Unit Value provision.

“We”, “Our”, “Us”

The Company.

“You”, “Your”

The Owner of this policy.

Premium and Reinstatement Provisions**Payment of Premiums**

The initial premium is payable at the Service Office or to any of Our authorized agents. There is no minimum premium requirement to put this policy In Force. All subsequent premium payments are payable at the Service Office and may be made at any time before the Attained Age shown in the Policy Specifications. Upon Your request, We will furnish receipts for premiums paid.

Planned Premiums

You may change the amount and frequency of premium payments. Changes in the amounts or frequency of such payments are subject to Our approval. Any change in the planned premiums may impact the policy values and benefits. We will send premium reminder notices for the amounts and frequency of payments You establish. We reserve the right to stop sending reminder notices if no premium payment is made within 2 Policy Years.

Additional Premium

You may make additional premium payments of no less than \$100 at any time before the Insured reaches the Attained Age shown in the Policy Specifications. We reserve the right to limit the amount or frequency of any such additional premium payment. If a payment of any additional premium would increase the difference between the Accumulation Value and the Specified Amount, We may reject the additional premium payment unless You submit satisfactory evidence of insurability and We agree to accept the risk. If a payment of additional premium would cause this policy to cease to qualify as life insurance for Federal income tax purposes, We may reject all or such excess portion of the additional premium. Any additional premium payment We receive will be applied as premium and not to repay any outstanding loans, unless You instruct Us otherwise In Writing.

Allocation of Net Premium Payments

Net Premium Payments may be allocated to the Fixed Account and/or Sub-Accounts under this policy. All allocations of Net Premium Payments must be made in whole percentages and in aggregate must total 100%. Premium payments will be allocated net of the Premium Load shown in the Table of Expense Charges and Fees in the Policy Specifications.

All Net Premium Payments received will be allocated in accordance with the allocation percentages initially selected at the time of application, until changed by You.

Grace Period

This policy will enter the grace period if on any Monthly Anniversary Day the Net Accumulation Value is less than the required Monthly Deduction, or if the amount of Indebtedness equals or exceeds the Accumulation Value less the surrender charge, if any, shown in the Table of Surrender Charges in the Policy Specifications. We will allow a grace period of 61 days to pay a Net Premium Payment in an amount equal to 2 Monthly Deductions plus an amount equal to the greater of:

- a. the amount by which the Monthly Deduction exceeds the Net Accumulation Value; or
- b. the amount by which Indebtedness exceeds the Accumulation Value less any applicable surrender charges.

We will send a Written Notice to You and to any assignee of record at least 31 days before the end of the grace period. The notice will state the amount of premium required to prevent this policy from Lapsing. All coverage under this policy will Lapse if You do not pay this billed premium on or before the later of:

- a. 31 days after the date such notice is mailed; or
- b. 61 days after the Monthly Anniversary Day on which this policy enters the grace period.

If the Insured dies within the grace period, We will deduct any overdue Monthly Deductions from the Death Benefit Proceeds.

Reinstatement

If this policy has Lapsed as described in the Grace Period provision, You may reinstate this policy within 5 years from the date of Lapse provided:

- a. this policy has not been surrendered;
- b. the Insured has not died since the date of Lapse;
- c. You submit an application for reinstatement In Writing;
- d. You submit satisfactory evidence of insurability to Us In Writing;
- e. You pay enough premium to keep this policy In Force for at least 2 months; and
- f. any accrued loan interest is paid, and any remaining Indebtedness is either paid or reinstated.

The reinstated policy will be effective as of the Monthly Anniversary Day on or next following the date on which We approve the application for reinstatement. We will reinstate the surrender charges shown in the Table of Surrender Charges in the Policy Specifications as of the Policy Year in which this policy Lapsed.

Ownership, Assignment and Beneficiary Provisions

Rights of Owner

While the Insured is living except as provided below and subject to any applicable state law, You may exercise all rights under this policy including the right to:

- a. return this policy under the Right to Examine this Policy provision;
- b. surrender this policy;
- c. agree with Us to any change in or amendment to this policy;
- d. transfer all Your rights to another person or entity;
- e. change the Beneficiary (unless You specifically request not to reserve this right); and
- f. assign this policy.

You must have the consent of any assignee recorded with Us to exercise Your rights under this policy. However, You may exercise Your rights without the consent of any Beneficiary, subject to any applicable law, if You have reserved the right to change the Beneficiary.

Unless provided otherwise, if You are not the Insured and You die before the Insured, all of Your rights under this policy will transfer and vest in Your executors, administrators or assigns.

Transfer of Ownership

You may transfer all of Your rights under this policy by submitting a Written Request. You may revoke any transfer prior to its effective date. A transfer of ownership, or a revocation of transfer, will not take effect until recorded by Us. Once We have recorded the transfer or revocation of transfer, it will take effect as of the date of the latest signature on the Written Request. Any payment made or any action taken or allowed by Us before We record the transfer or revocation of transfer will be without prejudice to Us.

On the effective date of transfer, the transferee will become the Owner and will have all the rights of the Owner under this policy. Unless You direct Us otherwise, with the consent In Writing of any assignee recorded with Us, a transfer will not affect the interest of any Beneficiary designated prior to the effective date of transfer.

Assignment

Assignment of this policy must be In Writing and will be effective when We receive the original assignment or a certified copy of the assignment at Our Service Office. We will not be responsible for the validity or sufficiency of any assignment.

An assignment of this policy will remain effective only so long as the assignment remains in effect. To the extent provided under the terms of the assignment, an assignment will:

- a. transfer the interest of any designated transferee; and
- b. transfer the interest of any Beneficiary, if You have reserved the right to change the Beneficiary.

Beneficiary

You may designate more than one Beneficiary. If You make such a designation, any Death Benefit Proceeds payable will be paid in equal shares to the survivors in the appropriate Beneficiary class, unless You request otherwise In Writing. If no Beneficiary is alive when the Death Benefit Proceeds become payable or in the absence of any Beneficiary designation, the Death Benefit Proceeds will transfer and vest in You or in Your executors, administrators or assigns.

Change of Beneficiary

You may change the Beneficiary by submitting a Written Request. We must receive Your request In Writing while the Insured is living. The Written Request does not need to be signed by the Beneficiary unless You have not reserved the right to change the Beneficiary. A change of Beneficiary will not take effect until recorded by Us. Once We have recorded the change of Beneficiary, the change will take effect as of the date of the latest signature on the Written Request. Any payment made or any action taken or allowed by Us before We record the change of Beneficiary will be without prejudice to Us.

Separate Account Provisions**Separate Account**

You may allocate Your Net Premium Payments and Net Accumulation Value to the Sub-Account(s), which are divisions of the Separate Account shown in the Policy Specifications. The Separate Account was established by a resolution of Our Board of Directors as a "separate account" under the insurance law of Our state of domicile, and is registered as a unit investment trust under the 1940 Act. The assets of the Separate Account (except assets in excess of the reserves and other contract liabilities of the Separate Account) will not be chargeable with liabilities arising out of any other business conducted by Us. The income, gains or losses from the Separate Account assets will be credited or charged against the Separate Account without regard to the income, gains or losses of the Company. Separate Account assets are owned and controlled exclusively by Us, and We are not a trustee with respect to such assets.

Sub-Accounts

The Separate Account is divided into Sub-Accounts. The assets of each Sub-Account will be invested fully and exclusively in shares of the appropriate Fund for such Sub-Account. The investment performance of each Sub-Account will reflect the investment performance of the appropriate Fund. For each Sub-Account, We will maintain Variable Accumulation Units as a measure of the investment performance of the Fund shares held in such Sub-Account.

Subject to any vote by persons entitled to vote thereon under the 1940 Act, We may elect to operate the Separate Account as a management company instead of a unit investment trust under the 1940 Act or, if registration under the 1940 Act is no longer required, to deregister the Separate Account. In the event of such a change, We will endorse this policy to reflect this change and may take any other necessary or appropriate action required to effect this change. Any changes in the investment policies of the Separate Account will first be approved by the Insurance Commissioner of Our state of domicile, and approved or filed, as required, in any other state or other jurisdiction where this policy was issued.

Investments of the Sub-Accounts

All amounts allocated or transferred to a Sub-Account will be used to purchase shares of the appropriate Fund. Each Fund will at all times be registered under the 1940 Act as an open-end management investment company. After due consideration of appropriate factors, We may add additional Funds at any time or may eliminate or substitute Funds in accordance with the Fund Withdrawal and Substituted Securities provision. Any and all distributions made by a Fund will be reinvested in additional shares of that Fund at net asset value. Deductions by Us from a Sub-Account will be made by redeeming a number of Fund shares at a net asset value equal in total value to the amount to be deducted.

Investment Risk

Fund share values fluctuate, reflecting the risks of changing economic conditions and the ability of a Fund's investment adviser or sub-adviser to manage that Fund and anticipate changes in economic conditions. You bear the entire investment risk of gain or loss of the Separate Account assets under this policy.

Fund Withdrawal and Substituted Securities

If a particular Fund ceases to be available for investment, or if We determine that further investment in a particular Fund is not appropriate in view of the purposes of the Separate Account (including without limitation that it is not appropriate in light of legal, regulatory or Federal income tax considerations), We may withdraw that particular Fund as a possible investment for the Separate Account and may substitute shares of a new or different Fund for shares of the withdrawn Fund. We will obtain any necessary regulatory or other approvals prior to taking this action. We may make appropriate endorsements to this policy to the extent reasonably required to reflect any withdrawal or substitution.

Policy Values Provisions**Accumulation Value**

At any point in time, the Accumulation Value reflects:

- a. Net Premium Payments made;
- b. any increases or decreases as a result of market performance in the Sub-Account(s);
- c. interest credited under the Fixed Account;
- d. interest credited under the Loan Account;
- e. Monthly Deductions; and
- f. all other expenses and fees as shown in the Table of Expense Charges and Fees in the Policy Specifications.

Fixed Account Value

The Fixed Account value, if any, with respect to this policy at any point in time, is equal to (1) plus (2), minus (3), minus (4), where:

- (1) is the amount of the Net Premium Payments allocated or other amounts (net of any charges) transferred to the Fixed Account;
- (2) is the interest credited to the Fixed Account;
- (3) is the portion of the Monthly Deductions deducted from the Fixed Account; and
- (4) is any amount transferred from the Fixed Account.

Interest Credited Under Fixed Account

We will credit interest to the Fixed Account daily. The interest rate applied to the Fixed Account will be the greater of:

- a. the Guaranteed Minimum Fixed Account Interest Rate shown in the Policy Specifications; or
- b. a rate determined by Us from time to time, established on a prospective basis.

Any interest rate credited will not be less than the Guaranteed Minimum Fixed Account Interest Rate shown in the Policy Specifications. We may credit interest at rates in excess of the Guaranteed Minimum Fixed Account Interest Rate at any time.

Loan Account Value

The Loan Account value, if any, with respect to this policy, is the amount of any outstanding loan(s), including any interest charged on the loan(s).

Interest Credited Under Loan Account

We will credit interest to the Loan Account daily. The interest rate applied to the Loan Account is shown in the Policy Specifications. Such loan interest amount will be transferred into the Fixed Account and/or Sub-Account(s) on each Monthly Anniversary Day on the same basis as the most recent Net Premium Payment allocations, unless You and We agree otherwise In Writing.

Separate Account Value

The Separate Account value, if any, with respect to this policy, for any Valuation Period is equal to the sum of the then stated values of all Sub-Accounts under this policy. The stated value of each Sub-Account is determined by multiplying (1) the number of Variable Accumulation Units, if any, credited or debited to such Sub-Account with respect to this policy by (2) the Variable Accumulation Unit Value of the particular Sub-Account for such Valuation Period.

Variable Accumulation Unit Value

Net Premium Payments, or portions thereof, allocated, or amounts transferred, to each Sub-Account are converted into Variable Accumulation Units. The Variable Accumulation Unit value for a Sub-Account for any Valuation Period after the inception of the Sub-Account is equal to (1) minus (2), divided by (3), where:

- (1) is the total value of Fund shares held in the Sub-Account, calculated as (a) the number of Fund shares owned by the Sub-Account at the beginning of the Valuation Period multiplied by (b) the net asset value per share of the Fund at the end of the Valuation Period, plus (c) any dividend or other distribution of the Fund made during the Valuation Period;
- (2) is the liabilities of the Sub-Account at the end of the Valuation Period. Such liabilities include a daily charge imposed on the Sub-Account and may also include a charge or credit with respect to any taxes paid or reserved for by Us that We determine result from the operations of the Separate Account; and
- (3) is the number of Variable Accumulation Units for that Sub-Account outstanding at the beginning of the Valuation Period.

The daily charge imposed on a Sub-Account for any Valuation Period is equal to the M&E charge described in the Mortality and Expense Risk ("M&E") Charge provision, multiplied by the number of calendar days in the Valuation Period. The Variable Accumulation Unit value may increase or decrease from Valuation Period to Valuation Period.

Mortality and Expense Risk ("M&E") Charge

We will deduct a mortality and expense risk ("M&E") charge from each Sub-Account at the end of each Valuation Period. This charge is equal to (1) multiplied by (2), where:

- (1) is the M&E charge; and
- (2) is the value of the Sub-Account.

The rate used to calculate this charge is guaranteed not to exceed the Guaranteed Maximum M&E Charge shown in the Table of Expense Charges and Fees in the Policy Specifications.

Fees Associated with the Funds

Fund operating expenses may be deducted by each Fund as set forth in its prospectus.

Cost of Insurance

The maximum monthly Cost of Insurance under this policy will be equal to (1), multiplied by the result of (2) minus (3), where:

- (1) is the Cost of Insurance rate as described in the Cost of Insurance Rates provision;
- (2) is the death benefit at the beginning of the Policy Month, divided by the Net Amount at Risk Discount Factor shown in the Policy Specifications; and
- (3) is the Accumulation Value at the beginning of the Policy Month after the deduction of the Lincoln InReach Monthly Fee but prior to the deduction for the monthly Cost of Insurance.

Cost of Insurance Rates

We reserve the right to change monthly Cost of Insurance rates based on Our expectations of future mortality, investment earnings, persistency, and expenses (including taxes). Any change in Cost of Insurance Rates will apply to all individuals of the same Premium Class as the Insured. The Cost of Insurance Rates will not exceed the amounts described in the Policy Specifications.

Monthly Deduction

Each month, beginning with the Policy Date and on each Monthly Anniversary Day thereafter, We will deduct the Monthly Deduction from the Fixed Account and/or Sub-Account(s) in the same proportion as the balances invested in such Sub-Account(s) bear to the Net Accumulation Value as of the date on which the deduction is made, unless You and We agree otherwise In Writing. The Monthly Deduction for a Policy Month equals (1) plus (2), where:

- (1) is the Cost of Insurance as described in the Cost of Insurance provision plus the monthly cost of any additional benefits provided by rider; and
- (2) is the Lincoln InReach Monthly Fee as described in the Table of Expense Charges and Fees in the Policy Specifications.

Basis of Computations

The Cost of Insurance Rates are guaranteed to be no greater than those calculated as described in the Table of Guaranteed Maximum Cost of Insurance Rates in the Policy Specifications. All policy values are at least equal to those required by the jurisdiction in which this policy is delivered. If required, a detailed statement of the method of computing values has been filed with the insurance supervisory official of that jurisdiction.

Transfer Privilege Provisions

Transfer Privilege

At any time while this policy is In Force, You have the right to transfer amounts among the Fixed Account and Sub-Accounts then available under this policy. All such transfers are subject to the following:

- a. Transfers may be made In Writing, or electronically, if internet or telephone transfers have been previously authorized In Writing, subject to Our consent. Our consent is revocable upon Written Notice to You.
- b. Transfer requests must be received in a form acceptable to Us at the Service Office prior to the time of day set forth in the prospectus and on a Valuation Day in order to be processed as of the close of business on the date the request is received; otherwise, the transfer will be processed on the next Valuation Day.
- c. We will not be responsible for (1) any liability for acting in good faith upon any transfer instructions given by internet or telephone, or (2) the authenticity of such instructions.
- d. A single transfer request, made either In Writing or electronically, may consist of multiple transactions.
- e. The amount being transferred may not exceed the maximum transfer amount limit then in effect.
- f. The amount being transferred may not be less than the minimum transfer amount shown in the Policy Specifications unless the entire value of the Fixed Account or Sub-Account is being transferred.
- g. Any value remaining in the Fixed Account or a Sub-Account following a transfer may not be less than \$100.

Transfer Fees

The maximum number of transfers allowed without charge in any Policy Year is shown in the Policy Specifications. For each transfer request in a given Policy Year in excess of the maximum, a transfer fee as shown in the Policy Specifications may be deducted on a pro-rata basis from the Fixed Account and/or Sub-Account(s) from which the transfer is being made.

Transfers from the Fixed Account

Transfers from the Fixed Account will not be made prior to the first Policy Anniversary except as provided under the Dollar Cost Averaging program. The amount of all transfers in any Policy Year will not exceed the greater of:

- a. 25% of the Fixed Account Value as of the immediately preceding Policy Anniversary; or
- b. the total dollar amount transferred from the Fixed Account in the immediately preceding Policy Year, which excludes transfers from the Dollar Cost Averaging program.

Transfers Involving Sub-Accounts

Transfers involving Sub-Accounts will reflect the purchase or cancellation of Variable Accumulation Units having an aggregate value equal to the dollar amount being transferred to or from a particular Sub-Account. The purchase or cancellation of such units will be made using Variable Accumulation Unit values of the applicable Sub-Account for the Valuation Period during which the transfer is effective. Transfers involving Sub-Accounts will be subject to such additional terms and conditions as may be imposed by the corresponding Funds.

Change of Terms and Conditions

We reserve the right to change the terms and conditions of the Transfer Privilege Provisions in response to changes in legal or regulatory requirements. Further, We reserve, at Our sole discretion, the right to limit or modify transfers that may have an adverse effect on other policy Owners. Transfer rights may be restricted in any manner or terminated until the beginning of the next Policy Year if We determine that Your use of the transfer right may disadvantage other policy Owners.

Optional Sub-Account Allocation Programs**Program Participation**

You may elect to participate in programs providing for Dollar Cost Averaging or Automatic Rebalancing, but may participate in only one program at any time. Transfers made in conjunction with either of these programs do not count against the free transfers available.

Dollar Cost Averaging

Dollar Cost Averaging systematically transfers specified dollar amounts from the Sub-Account(s) specified by You. The Sub-Account(s) available from which to transfer funds for Dollar Cost Averaging are shown in the Policy Specifications. Transfer allocations may be made to 1 or more of the other Sub-Accounts on a monthly or quarterly basis. Allocations may not be made to the same account from which funds are to be transferred.

Dollar Cost Averaging terminates automatically:

- a. if the value in the Sub-Account(s) specified by You is insufficient to complete the next transfer;
- b. 7 calendar days after We receive Your request for termination of Dollar Cost Averaging In Writing, or electronically, if adequately authenticated; or
- c. after 12 or 24 months, as elected by You.

We reserve the right to modify the terms and conditions of or suspend this program upon ninety (90) days advance notice to You.

Automatic Rebalancing

Automatic Rebalancing periodically restores the percentage of policy value allocated to each Sub-Account to a level pre-determined by You (e.g. 20% Money Market, 30% Bond, 50% Growth). The pre-determined level is the allocation initially selected at the time of application, until changed by You. The Fixed Account is not subject to rebalancing. If Automatic Rebalancing is elected, all Net Premium Payments allocated to the Sub-Accounts will be subject to Automatic Rebalancing. Automatic Rebalancing will occur on a quarterly, semi-annual or annual basis, as elected by You.

Nonforfeiture Provisions**Surrender**

You may surrender this policy for its Surrender Value while this policy is In Force and the Insured is living. Surrender of this policy is effective on the Valuation Day We receive both this policy and Your Written Request for surrender. All coverage under this policy will terminate upon surrender for its Surrender Value.

The Surrender Value will be paid in a lump sum unless You choose a settlement option We make available. Any deferment of payments will be subject to the Deferment of Payments provision.

Partial Surrenders (i.e. withdrawals) of this policy are not allowed.

Surrender Charges

If You request a full surrender of this policy, a charge will be assessed based on the Table of Surrender Charge Percentages shown in the Policy Specifications, subject to the conditions described in the provisions below.

Surrender Charge for Full Surrender

Upon full surrender of this policy, the surrender charge will be equal to the lesser of (1) and (2), where:

- (1) is the Accumulation Value multiplied by the Surrender Charge Percentage of Accumulation Value shown in the Policy Specifications; and
- (2) is the Maximum Surrender Charge shown in the Policy Specifications.

In no event will the charge assessed upon a full surrender exceed the then current Net Accumulation Value.

Continuation of Coverage

Unless otherwise agreed to by You and Us, if the Insured is still living at Attained Age 100 and this policy is still In Force at that time, the Separate Account value, if any, will be transferred to the Fixed Account on the Policy Anniversary the Insured becomes Attained Age 100 and We will:

- a. continue to credit interest to the Fixed Account as described in the Interest Credited Under Fixed Account provision;
- b. no longer charge Monthly Deductions under this policy;
- c. continue to permit loans to be taken subject to loan interest rates charged and credited to the Loan Account Value;
- d. continue this policy In Force until it is surrendered or the Death Benefit Proceeds become payable; and
- e. determine the Death Benefit Proceeds after Age 100 to be an amount equal to the Accumulation Value on the date of death multiplied by 101%, less any Indebtedness.

This provision will not continue any rider attached to this policy beyond the date for such rider's termination, as provided in the rider.

Loan Provisions**Policy Loans**

If this policy has Surrender Value available, We will grant a loan against the policy provided:

- a. a loan agreement is properly executed; and
- b. You make a satisfactory assignment of this policy to Us.

The loan may be for any amount up to 100% of the then current Surrender Value; however, We reserve the right to limit the amount of such loan so that total Indebtedness will not exceed 90% of an amount equal to the then current Accumulation Value less the surrender charge(s) as set forth in the Table of Surrender Charges in the Policy Specifications. The amount borrowed will be paid within 7 calendar days of Our receipt of such request, except as specified in the Deferment of Payments provision.

The minimum loan amount is shown in the Policy Specifications. We reserve the right to modify this amount in the future. We will withdraw such loan from the Fixed Account and/or Sub-Account(s) in proportion to the then current account values, unless You instruct Us otherwise In Writing.

Loan Account

An amount equal to the amount of any loan will be transferred from the Fixed Account and/or Sub-Account(s) as described above to the Loan Account. Such amount will become part of the Loan Account value. The outstanding loan balance at any time includes accrued interest on the loan. Interest will be credited to the Loan Account as described in the Interest Credited Under Loan Account provision.

Loan Repayment

Indebtedness may be repaid at any time during the lifetime of the Insured. The minimum loan repayment is \$100 or the amount of the outstanding Indebtedness, if less. The Loan Account will be reduced by the amount of any loan repayment. Any repayment of Indebtedness, other than loan interest, will be allocated to the Fixed Account and/or Sub-Account(s) in the same proportion in which Net Premium Payments are currently allocated, unless You and We agree otherwise In Writing.

Interest Rate Charged on Loan Account

Interest charged on the Loan Account will be at an annual rate as shown in the Policy Specifications, payable in arrears. Interest charged on the Loan Account accrues daily and is payable annually on each Policy Anniversary or as otherwise agreed In Writing by You and Us. Such loan interest amount, if not paid when due, will be transferred out of the Fixed Account and/or Sub-Account(s) in proportion to the then current Net Accumulation Value and into the Loan Account, unless both You and We agree otherwise In Writing.

Indebtedness

A loan against this policy, whether or not repaid, will have a permanent effect on the Net Accumulation Value. A policy loan reduces the then current Net Accumulation Value under this policy while repayment of a loan will cause an increase in the then current Net Accumulation Value. Any Indebtedness at time of settlement will reduce the Death Benefit Proceeds payable under this policy.

The policy will enter the grace period as described in the Grace Period provision if at any time the total Indebtedness against this policy, including interest accrued but not due, equals or exceeds the then current Accumulation Value less any applicable surrender charge.

Insurance Coverage Provisions**Date of Coverage**

The dates of coverage under this policy will be as follows:

- a. For all coverages provided in the original application, the effective date of coverage will be the Policy Date provided the initial premium has been paid and the policy accepted by You (1) while the Insured is living and (2) prior to any change in the Insured's health or any other factor affecting insurability of the Insured as represented in the application for this policy.
- b. For any insurance that has been reinstated, the effective date of coverage will be the date as described in the Reinstatement provision.

Termination of Coverage

All coverage under this policy terminates on the first of the following to occur:

- a. a full surrender of this policy;
- b. death of the Insured; or
- c. failure to pay the amount of premium necessary to avoid termination before the end of any applicable grace period.

No action by Us after this policy has terminated, including any Monthly Deduction made after termination of coverage, will constitute a reinstatement of this policy or waiver of the termination. Any such deduction will be refunded.

Death Benefit Proceeds

If the Insured dies while this policy is In Force, We will pay Death Benefit Proceeds equal to the greater of:

- a. the amount determined under the Death Benefit Options in effect at the time of the Insured's death, less any Indebtedness; or
- b. an amount equal to the Accumulation Value on the date of death multiplied by the applicable percentage shown in the Corridor Percentages Table in the Policy Specifications, less any Indebtedness.

Death Benefit Qualification Test

This policy is intended to qualify as life insurance under the Internal Revenue Code. The Death Benefit Proceeds provided by this policy are intended to qualify for the tax treatment accorded to life insurance under Federal law. The method of qualifying as life insurance is the Guideline Premium Test, as defined in Internal Revenue Code Section 7702.

Death Benefit Options

The Death Benefit Options for this policy are as follows:

- a. Funding Mode: During the Funding Mode, the death benefit is the greater of the Specified Amount on the date of death plus the Accumulation Value on the date of death or the Specified Amount on the date of death multiplied by the Death Benefit Factor shown on the Policy Specifications.
- b. Accumulation Value Mode: During the Accumulation Value Mode, the death benefit equals the Specified Amount on the date of death. This Death Benefit Option exists only after initial issuance of the policy, can be elected only once and the change can be done at any time.

Changes in Specified Amount and Death Benefit Option

You may elect to Change to Accumulation Value Mode only once during the life of the policy and the change may occur at any time subject to the following:

- a. You must submit a supplemental application for any change in coverage. All such changes are subject to Our approval. If We approve the requested change, a supplement to the Policy Specifications will be endorsed to this policy and sent to You once the change is completed.
- b. This change will result in a reduction in Specified Amount. Such reduction will not reduce the Specified Amount below the minimum necessary to maintain tax qualification status under the Internal Revenue Code.
- c. If We approve the request, the change will become effective as described in the Date of Coverage provision.

Other Changes in Specified Amount

Other Changes in the Specified Amount of this policy are not allowed.

General Provisions**Entire Contract**

This policy, the application for this policy, and any amendment(s), endorsement(s), rider(s), and supplemental application(s) that may be attached are the entire contract between You and Us. All statements made in the application will, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this policy unless it is contained in the application and a copy of the application is attached to this policy when issued.

Only an authorized Officer of the Company may make or modify this policy.

Non-Participation

This policy is not entitled to share in surplus distribution.

Notice of Claim

You or someone on Your behalf must provide Us with Due Proof of Death In Writing within 30 days or as soon as reasonably possible after the death of the Insured.

Payment of Proceeds

Proceeds mean the amount payable:

- a. upon the surrender of this policy; or
- b. upon the death of the Insured.

Upon the death of the Insured, while this policy is still In Force, the proceeds payable will be the Death Benefit Proceeds. Such Death Benefit Proceeds are payable subject to receipt of Due Proof of Death. We will pay interest on any Death Benefit Proceeds payable as required by applicable law. If the Insured dies within the grace period, We will deduct any overdue Monthly Deductions from the Death Benefit Proceeds.

If the proceeds of this policy are not paid within 30 days from the receipt of Due Proof of the Insured's death. We will pay interest on such proceeds at a rate no less than 8% from the date of death as required by law.

If this policy is surrendered before the death of the Insured, the proceeds payable upon surrender will be the Surrender Value.

The proceeds payable under this policy are subject to the adjustments described in the following provisions:

- a. Misstatement of Age;
- b. Incontestability;
- c. Suicide;
- d. Grace Period; and
- e. Indebtedness.

We may require return of this policy when settlement is made. Proceeds will be paid in a lump sum unless You choose a settlement option We make available.

Deferment of Payments

Any amounts payable as a result of loans or surrender will be paid within 7 calendar days after We receive Your request in a form acceptable to Us. However, payment of amounts from the Sub-Accounts may be postponed until the next Valuation Day. Additionally, We reserve the right to defer the payment of such amounts from the Fixed Account for a period not to exceed 6 months from the date We receive Your Written Request. During any such deferred period, the amount payable will bear interest as required by law. However, We will not defer any payment used to pay premiums on policies with Us.

Misstatement of Age

If the date of birth of the Insured is misstated, the benefits available under this policy will be those which the premiums paid would have purchased at the correct Issue Age.

Suicide

If the Insured commits suicide, whether sane or insane, within 2 years from the Date of Issue, the Death Benefit Proceeds will be limited to a refund of premiums paid less any Indebtedness.

Incontestability

Except for nonpayment of premium, this policy will be incontestable after it has been In Force for 2 years from the Date of Issue shown in the Policy Specifications. This means that We will not use any misstatement in the application to challenge a claim or contest liability after that time.

If this policy is reinstated, the basis for contesting after reinstatement will be:

- a. limited for a period of 2 years from the date of reinstatement; and
- b. limited to material misrepresentations made in the reinstatement application.

Annual Report

We will send You a report at least once a year without charge. The report will show:

- a. the Accumulation Value as of the reporting date;
- b. the amounts deducted from or added to the Accumulation Value since the last report;
- c. the current death benefit;
- d. the current policy values;
- e. premiums paid and all deductions made since the last report; and
- f. outstanding policy loans.

Projection of Benefits and Values

Upon Your Written Request, We will provide a projection of illustrative future Death Benefit Proceeds and policy values once a year without charge. Additional projections are available at any time upon Written Request and payment of a reasonable service fee not to exceed \$25. The fee payable will be the one then in effect for this service.

Change of Plan

This policy may be exchanged for another policy only if We consent to the exchange and all requirements for the exchange as determined by Us are met.

Policy Changes - Applicable Law

We reserve the right to make changes in this policy or to make distributions from this policy to the extent We deem necessary, in Our sole discretion, to continue to qualify this policy as life insurance. Any such changes will apply uniformly to all policies that are affected. You will be given advance Written Notice of such changes.

Modified Endowment

This policy will be allowed to become a modified endowment contract under the Internal Revenue Code only with Your consent. Otherwise, if at any time the premiums paid under the policy exceed the limit for avoiding modified endowment contract status, the excess premium will be refunded to You with interest within 60 days after the end of the Policy Year in which the premium was received. If, for any reason, We do not refund the excess premium within 60 days after the end of such Policy Year, the excess premium will be held in a separate deposit fund and credited with interest until refunded to You. The interest rate used on any refund or credited to the separate deposit fund created by this provision will be the current rate of interest We are paying on this policy.

Compliance with the Internal Revenue Code

This policy is intended to qualify as life insurance under the Internal Revenue Code. The Death Benefit Proceeds provided by this policy are intended to qualify for the tax treatment accorded to life insurance under Federal law. If at any time the premium paid under this policy exceeds the amount allowable for such qualification, We will refund the premium to You with interest within 60 days after the end of the Policy Year in which the premium was received. If, for any reason, We do not refund the excess premium within 60 days after the end of such Policy Year, the excess premiums will be held in a separate deposit fund and credited with interest until refunded to You. The interest rate used on any refund, or credited to the separate deposit fund created by this provision, will be the excess premium's pro rata rate of return on the contract until the date We notify You that the excess premium and the earnings on such excess premium have been removed from this policy.

With regards to the changes in benefits detailed under the Continuation of Coverage provision, there is some uncertainty regarding whether this policy would be viewed as continuing to qualify as life insurance or whether You would be viewed as constructively receiving the Accumulation Value in the year the Insured reaches Age 100.

After the date of such notice, the interest rate paid on the separate deposit fund will be such rate as We may declare from time to time on advance premium deposit funds. We also reserve the right to refuse to make any change in the Specified Amount or the Death Benefit Option or any other change if such change would cause this policy to fail to qualify as life insurance under the Internal Revenue Code.

Effect of Policy on Riders

Any reference to the following terms contained in any rider attached to this policy will be modified as follows:

- a. "Variable Account" will mean "Separate Account" as defined in this policy;
- b. "Date of Issue" will mean "Policy Date" as defined in this policy; and
- c. "Schedule 4" will mean "Corridor Percentages Table shown in the Policy Specifications".
- d. "Death Benefit Option 1" will mean "Accumulation Value Mode".
- e. "Death Benefit Option 2" will mean "Funding Mode".
- f. Any Overloan Protection Rider attached to this policy can only be elected after the policy has changed to Accumulation Value Mode.

Effect of Riders on Policy Provisions

If any riders are attached to and made part of this policy, policy provisions and definitions may be impacted, including those concerning premiums and policy values. READ YOUR POLICY AND RIDERS CAREFULLY.



The Lincoln National Life Insurance Company
FLEXIBLE PREMIUM VARIABLE LIFE INSURANCE POLICY

Death Benefit Proceeds payable if the Insured dies while this policy is In Force
Investment results reflected in policy benefits
Non-participating - Not eligible for dividends

Policy Specifications

Policy Number [SPECIMEN]

Insured:	[JOHN DOE]		
Owner:	[JANE DOE]		
Initial Specified Amount:	[\$50,000]	Policy Date:	[AUGUST 1, 2009]
Minimum Specified Amount:	[\$50,000]	Date of Issue:	[AUGUST 1, 2009]
Monthly Anniversary Day:	[01]	Issue Age and Sex:	[35 MALE]
Premium Class:	[STANDARD TOBACCO]		
Plan of Insurance:	FLEXIBLE PREMIUM VARIABLE LIFE INSURANCE		
Death Benefit Option:	[FUNDING MODE].		
Premium Payments:	Planned Premium: \$[1,497.30] Premiums payable until Attained Age [100]. Additional premium payments may vary by frequency or amount.		
Payment Mode:	[ANNUALLY]		
Beneficiary:	As named in the application for this policy, unless later changed.		
Guaranteed Minimum Fixed Account Interest Rate:	[3.0]% annual effective rate ([0.00809863]% daily)		
Interest Credited to Loan Account Value:	[3.0]% annual effective rate ([0.00809863]% daily) in all Policy Years.		
Policy Loan Interest Rate Charged:	[4.5]% annual effective rate in Policy Years [1-10]; and [3.0]% annual effective rate in Policy Years [11] and thereafter.		
Minimum Policy Loan Amount:	[\$500]		
Death Benefit Factor:	[115]%		

Policy Specifications

Policy Number [SPECIMEN]

Minimum Transfer Amount: \$[50] or the entire value of the Fixed Account or Sub-Account being transferred, whichever is less.

Separate Account: [M]

**Account(s) available from
which to transfer funds for
Dollar Cost Averaging:** [Money market Sub-Account
Fixed Account (may be elected at policy issue only)]

Policy Specifications

Policy Number [SPECIMEN]

Riders and Rider Charges

Policy Specifications

Policy Number [SPECIMEN]

Table of Surrender Charge Percentages

See Nonforfeiture Provisions for an example of when this table will be used.

<u>Policy Year</u>	<u>Surrender Charge Percentage of Accumulation Value</u>	<u>Maximum Surrender Charge</u>
1	6%	\$[854.50
2	6%	\$823.50
3	6%	\$791.50
4	6%	\$758.00
5	6%	\$723.50
6	5%	\$687.50
7	4%	\$650.00
8	3%	\$463.00
9	2%	\$288.00
10	1%	\$133.50
11 and thereafter	0%	\$0.00]

Policy Specifications

Policy Number [SPECIMEN]

Table of Expense Charges and Fees

The following expenses and fees are charged under this policy:

Premium Load

We will deduct a guaranteed maximum Premium Load not to exceed [10.0]% from each premium payment in all Policy Years.

Cost of Insurance

See the Cost of Insurance provision. The Net Amount at Risk Discount Factor used in that provision is [1.0024663].

Guaranteed Maximum Mortality and Expense Risk ("M&E") Charge

[0.90]% annually in Policy Years [1 - 10]; and
[0.50]% annually in Policy Years [11] and [thereafter].

Transfer Fee

[\$25] per each transfer request in excess of [24] during any Policy Year.

Policy Specifications
Policy Number [SPECIMEN]

Lincoln InReach Monthly Fee

<u>Policy Year</u>	<u>Column A</u>	<u>Column B</u>	<u>Column C</u>	<u>Policy Year</u>	<u>Column A</u>	<u>Column B</u>	<u>Column C</u>
[1-7	[27.72	[27.72	[27.72	37	0.00	289.50	387.44
8	0.00	27.72	32.21	38	0.00	318.92	427.23
9	0.00	27.72	34.35	39	0.00	351.45	471.25
10	0.00	27.72	36.72	40	0.00	387.44	519.93
11	0.00	32.21	39.34	41	0.00	427.23	573.77
12	0.00	34.35	42.24	42	0.00	471.25	633.32
13	0.00	36.72	45.45	43	0.00	519.93	699.18
14	0.00	39.34	48.99	44	0.00	573.77	706.05
15	0.00	42.24	52.91	45	0.00	633.32	712.99
16	0.00	45.45	57.25	46	0.00	699.18	720.00
17	0.00	48.99	62.05	47	0.00	706.05	727.08
18	0.00	52.91	67.35	48	0.00	712.99	734.23
19	0.00	57.25	73.22	49	0.00	720.00	741.45
20	0.00	62.05	79.71	50	0.00	727.08	748.75
21	0.00	67.35	86.89	51	0.00	734.23	756.11
22	0.00	73.22	94.83	52	0.00	741.45	763.56
23	0.00	79.71	103.61	53	0.00	748.75	771.07
24	0.00	86.89	113.32	54	0.00	756.11	778.66
25	0.00	94.83	124.06	55	0.00	763.56	786.33
26	0.00	103.61	135.94	56	0.00	771.07	794.07
27	0.00	113.32	149.08	57	0.00	778.66	801.89
28	0.00	124.06	163.61	58	0.00	786.33	809.79
29	0.00	135.94	179.68	59	0.00	794.07	817.77
30	0.00	149.08	197.46	60	0.00	801.89	825.83
31	0.00	163.61	217.12	61	0.00	809.79	833.97
32	0.00	179.68	238.86	62	0.00	817.77	842.19
33	0.00	197.46	262.91	63	0.00	825.83	850.49
34	0.00	217.12	289.50	64	0.00	833.97	858.87
35	0.00	238.86	318.92	65]	0.00]	842.19]	867.34]
36	0.00	262.91	351.45				

Policy Specifications

Policy Number [SPECIMEN]

The Lincoln InReach Monthly Fee for the first 7 Policy Years is shown above. Thereafter, the Lincoln InReach Monthly Fee assessed will be based on the amount of premium You pay and the timing of when You elect to make the Change to Accumulation Value Mode using the following tests ("Lincoln InReach Monthly Fee Tests").

Policy Mode Test

If a Change to Accumulation Value Mode has been completed and the change was effective prior to the end of Policy Year 12, this test is passed. If a Change to Accumulation Value Mode has not been completed or if the change was completed after the end of Policy Year 12, this test is failed.

Policy Funding Test

There are 3 ways to pass the Policy Funding Test:

- (1) If total premiums collected as of the Monthly Anniversary Day equal or exceed: (a) the Monthly Premium of \$[112.29] multiplied by (b) the number of Policy Months since the Policy Date; or
- (2) If total premiums collected as of the Monthly Anniversary Day equal or exceed \$[13,475.70] as measured from the Policy Date; or
- (3) If a Change to Accumulation Value Mode has been completed and total premiums collected as of the Monthly Anniversary Day equal or exceed \$[8,983.80] as measured from the Policy Date.

If none of these three tests are met, then the Policy Funding Test is failed.

Determining the Lincoln InReach Monthly Fee in Policy Years 8 and Thereafter

We will determine the Lincoln InReach Monthly Fee on the Monthly Anniversary Day. If the Policy Mode Test and the Policy Funding Test are passed on a Monthly Anniversary Day, the Lincoln InReach Monthly Fee used for the applicable Policy Year is shown in Column (A). If only one Lincoln InReach Monthly Fee Test is passed, the Lincoln InReach Monthly Fee used for this Policy Year is shown in Column (B). If neither Lincoln InReach Monthly Fee Tests are passed, the Lincoln InReach Monthly Fee used for this Policy Year is shown in Column (C).

Policy Specifications

Policy Number [SPECIMEN]

Table of Guaranteed Maximum Cost of Insurance Rates

The monthly Cost of Insurance rates per \$1,000 of net amount at risk are based on the Insured's Issue Age and the Policy Year, but will not exceed the rates shown in the table below in accordance with the 2001 CSO (80) Composite U age last birthday.

Policy Year	Monthly Rate	Policy Year	Monthly Rate	Policy Year	Monthly Rate
[1	[0.09917	2	0.10501	3	0.11167
4	0.11918	5	0.12751	6	0.13668
7	0.14835	8	0.16252	9	0.17919
10	0.19753	11	0.21754	12	0.23839
13	0.25589	14	0.27174	15	0.29091
16	0.31426	17	0.34428	18	0.37931
19	0.42101	20	0.47022	21	0.52444
22	0.58283	23	0.63874	24	0.69381
25	0.75723	26	0.83235	27	0.92335
28	1.02772	29	1.14046	30	1.25908
31	1.38190	32	1.50643	33	1.63767
34	1.77564	35	1.92871	36	2.10441
37	2.31702	38	2.56238	39	2.82046
40	3.09873	41	3.40404	42	3.74480
43	4.13788	44	4.58845	45	5.08910
46	5.65344	47	6.27665	48	6.93101
49	7.63620	50	8.41776	51	9.26675
52	10.20475	53	11.23737	54	12.32420
55	13.43219	56	14.43112	57	15.36930
58	16.45901	59	17.71588	60	19.16800
61	20.70586	62	22.24054	63	23.51613
64	24.51580	65]	25.89092]		

Policy Specifications

Policy Number [SPECIMEN]

Corridor Percentages Table

See the Death Benefit Qualification Test and Death Benefit Proceeds provisions for an explanation of how this table will be used.

Age	Corridor Percentage	Age	Corridor Percentage
[15-40	[250%	70	115%
41	243	71	113
42	236	72	111
43	229	73	109
44	222	74	107
45	215	75	105
46	209	76	105
47	203	77	105
48	197	78	105
49	191	79	105
50	185	80	105
51	178	81	105
52	171	82	105
53	164	83	105
54	157	84	105
55	150	85	105
56	146	86	105
57	142	87	105
58	138	88	105
59	134	89	105
60	130	90	105
61	128	91	104
62	126	92	103
63	124	93	102
64	122	94	101
65	120	95	101
66	119	96	101
67	118	97	101
68	117	98	101
69	116	99]	101]

SERFF Tracking Number:	LCNC-126281421	State:	Arkansas
Filing Company:	The Lincoln National Life Insurance Company	State Tracking Number:	43815
Company Tracking Number:	LN682 INREACH VUL		
TOI:	L061 Individual Life - Variable	Sub-TOI:	L061.002 Single Life - Flexible Premium
Product Name:	LN682 InReach VUL		
Project Name/Number:	LN682 InReach VUL/LN682 et al		

Supporting Document Schedules

	Item Status:	Status
		Date:
Bypassed - Item:	Flesch Certification	
Bypass Reason:	Not applicable to this filing. Forms are regulated by the SEC.	
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item:	Application	
Comments:		
	This application was approved on 4/3/09 under SERFF tracking # LCNC-126091339.	
Attachment:		
	LFF06371.pdf	

	Item Status:	Status
		Date:
Satisfied - Item:	Certificate of Compliance	
Comments:		
Attachment:		
	AR_Cert. of Compliance_UL_VUL_Term ..pdf	

	Item Status:	Status
		Date:
Satisfied - Item:	Certification - Reg 33	
Comments:		
Attachment:		
	AR Cert - Reg .33.pdf	

IMPORTANT NOTICE

Since you are applying for insurance, we would like you to know more about our underwriting process and what occurs after you submit your application.

(Please give a copy of this notice to the Proposed Insured.)

THE UNDERWRITING PROCESS

All forms of insurance are based on the concept of risk-sharing. Underwriters seek to determine the level of risk represented by each applicant, and then assign that person to a group with similar risk characteristics. In this way, the risk potential can be spread among all policyholders within a given risk group, assuring that each assumes his fair share of the insurance cost.

Underwriters collect and review risk factors such as age, occupation, physical condition, medical history and any hazardous avocations. The level of risk and premium for the amount of coverage requested is based on this information.

INVESTIGATIVE CONSUMER REPORT

As a part of our routine procedure for processing your initial application, we may request an investigative consumer report. The agency making the report may keep a copy of the report and disclose its contents to others for whom it performs similar services. The report typically includes information such as identity and residence verification, character, reputation, marital status, estimate of net worth and income, occupation, avocations, medical history, habits, mode of living and other personal characteristics. Additional information is usually obtained from several different sources. Confidential interviews are conducted with neighbors, friends, business associates, and acquaintances. Public records are carefully reviewed.

Past experience shows that information from investigative reports usually does not have an adverse effect on our underwriting decision. If it should, we will notify you in writing and identify the reporting agency. At that point, if you wish to do so, you may discuss the matter with the reporting agency.

You have the right to be interviewed as part of any investigative consumer report that is completed. If you desire such an interview, please indicate this at the time your application is submitted. If you request it, we will supply the name, address and telephone number of the consumer reporting agency so you may obtain a copy of the report.

CONTESTABILITY

We strongly urge you to review the completed application closely for accuracy. During the 2 year contestability period described in the policy, a claim may be denied if the application contains false statements or misrepresentations or fails to disclose material facts. In such a case, the policy could be void and coverage could be lost.

MIB, INC.

Information you provide regarding your insurability or claims will be treated as confidential except that The Company or its reinsurers, may make a brief report of it to MIB, Inc. This is a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or submitted a claim, MIB, Inc. will provide the information it may have in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB at: [50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.] You can reach MIB by phone toll free at [(866) 692-6901. (TTY {866} 346-3642)]

APPLICATION FOR LIFE INSURANCE - PART I

APPLICANT INFORMATION - PROPOSED INSURED (Required Section)

1. Proposed Insured (First, Middle, Last)		2. <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Date of Birth (mm/dd/yy)	4. Soc. Sec. No. (SSN)	5. Are you a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N If "No," what country?
6. Place of Birth (State, Country)	7. Driver's License # & State	
8. Home Address (Street, City, State, ZIP)		
9. Occupation/Duties	10. Employer	
11. Business Address (Street, City, State, ZIP)		
12. Annual Income (from all sources) \$		13. Net Worth \$

COVERAGE INFORMATION (As available per product)

14. Plan of Insurance _____ 15. Amount of Insurance \$ _____
(Specified Amount, if UL or VUL)

16. (i) Death Benefit Option
☐ Level ☐ _____ (Not available with all products, see product specifications for details.)
(ii) Death Benefit Qualification Test (DBQT) - For IRS purposes, premiums will be tested using the Guideline Premium Test unless
☐ Cash Value Accumulation Test is checked (not available on all products or with all riders).
The DBQT cannot be changed after issue unless the terms of the policy require a change.

17. Save Age? ☐ Y ☐ N (If not saving age, policy will be current dated.)

18. Additional Benefits and Riders: (If applicable)
☐ [Accelerated Benefit Rider]
☐ Other Benefits and Riders (not listed above). (Please provide full details: e.g. coverage amounts/percentages/etc.):

BILLING INSTRUCTIONS (As available per product)

19. Premium Mode: ☐ Single Premium ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (EFT)
☐ Other _____

20. Modal Planned Premium: \$ _____ 21. Lump Sum: \$ _____ ☐ 1035 Exchange

22. Source of Premium: _____ (inheritance, loan, business activity)

23. Premium Notices To: (check one only.) (Please note we cannot bill to your agent.)
☐ Owner ☐ Insured at Business ☐ Insured at Residence ☐ Other (indicate below)

24. Special Instructions (Please specify to which question number Special Instructions pertain.)

OWNER INFORMATION *(If left blank, Proposed Insured will be owner)*

25. Owner Name	26. Date of Birth	27. SSN
28. Relationship	29. Citizen of (Country)	
30. Owner Address		
31. Is this policy being purchased as part of an employer owned life insurance program where the employer is the direct or indirect beneficiary of the policy? <input type="checkbox"/> Y <input type="checkbox"/> N		

BENEFICIARY DESIGNATION *(Unless otherwise stated below, if multiple beneficiaries are named in a class (Primary, Contingent), the proceeds are to be paid equally to the survivor or survivors, if any, in the class.)*

32. Indicate Primary (P) or Contingent (C) Beneficiary for each line completed in the first column.

P/C	Beneficiary Name (with Trustees)	Relationship	DOB or Trust Date	SSN/TIN

APPLICANT INFORMATION - PROPOSED INSURED

33. Are you considering stopping premium payments, surrendering, replacing, forfeiting, assigning to the insurer or reducing your benefits under an existing policy or annuity, or are you considering using or borrowing funds from your existing policies or annuities to pay premiums due on the new or applied for policy? ☐ Y ☐ N
(If "Yes", please complete and sign all required replacement forms.)

34. Please list amounts of all inforce life insurance on your life, including any policies that have been sold. *(Please list in the box below.)*
If none, check this box: ☐

Please indicate the Type of coverage: Business **(B)**; Key Person **(K)**; or Personal **(P)**.

Company	Face Amount	Policy Number	Issue Date (mm/dd/yy)	Replacement or Change of Policy?	1035 Exchange	Type
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

35. Do you have any applications currently pending or do you plan to apply for new life or disability insurance coverage with any other company? *(If "Yes," please provide details in the space provided.)* ☐ Y ☐ N

Company	Amount	Type (Life or Disability)	Reason Policy Applied For
	\$		
	\$		

36. What is the total amount of new life insurance coverage that will be placed inforce with all companies including this application? \$ _____

► If you answer "Yes" to any of the following questions, please provide further information in the "Details" space provided.

37. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?	<input type="checkbox"/> Y <input type="checkbox"/> N
38. Will you, the proposed insured and/or beneficiary, and/or any entity on your behalf, receive any compensation as an inducement to purchase the policy, whether via the form of cash, property, an agreement to receive money in the future, or otherwise, if this policy is issued?	<input type="checkbox"/> Y <input type="checkbox"/> N
39. Have you, the proposed insured, been involved in any discussion about the possible sale or assignment of this policy to an unrelated third party, as an inducement to purchase the life insurance policy?	<input type="checkbox"/> Y <input type="checkbox"/> N
40. Have you ever applied for life, health or disability insurance and been declined, postponed or charged an increased premium?	<input type="checkbox"/> Y <input type="checkbox"/> N

GENERAL RISK INFORMATION - PROPOSED INSURED			
41. Have you been declined for life insurance within the past 5 years, or had a trial or formal application submitted to the Company within the past 12 months?			<input type="checkbox"/> Y <input type="checkbox"/> N
42. Do you now, or do you plan to fly, or have you flown during the past 2 years, as a pilot, student pilot or crew member? <i>(If "Yes", an Aviation Supplement is required; this includes balloon pilots.)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N
43. Do you plan to participate, or have you participated within the past 2 years; in motor vehicle or boat racing, in hang gliding, sky or scuba diving, or mountain, rock or technical climbing; or in similar sports? <i>(If "Yes", an Avocation Supplement is required.)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N
44. Within the past 5 years, have you been convicted of two or more moving violations, driving under the influence of alcohol or other drugs, or had your driver's license suspended, restricted or revoked? <i>(If "Yes", please indicate what type and dates in the "Details" space provided.)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N
45. Have you ever been convicted of or are you awaiting trial for a felony? <i>(If "Yes", please indicate type, date and city/state of felony and if currently on probation or parole, in the "Details" space provided.)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N
46. Have you ever used tobacco or products containing nicotine (including, but not limited to, chew tobacco, snuff, nicotine gum and/or patches)? <i>(If "Yes", list below.)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N
Type:	Date First Used: <i>(month/year)</i>	Date Last Used: <i>(month/year)</i>	Amount and Frequency:
MEDICAL INFORMATION - PROPOSED INSURED			
47. Have you seen a licensed medical professional for any reason within the past 12 months?			<input type="checkbox"/> Y <input type="checkbox"/> N
a. Date(s) and reason(s) of last visit:			
b. Test(s) performed, results, diagnosis, any recommended treatment or follow up?			
48. Height _____ ft. / _____ in.	a. Has your weight changed by more than 10 pounds during the past 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N		
Weight _____ lbs.	b. If "Yes," by how many pounds? _____ <input type="checkbox"/> Gain <input type="checkbox"/> Loss		
49. Have you been hospitalized for any reason within the past 5 years?			<input type="checkbox"/> Y <input type="checkbox"/> N
50. Have you been advised by a licensed medical professional to have any medical tests, hospitalization or surgery which have not been completed?			<input type="checkbox"/> Y <input type="checkbox"/> N
51. Have you ever had any indication of, been diagnosed with and/or been treated by a licensed medical professional for:			
a. Heart disease, heart attack, heart surgery, angioplasty, valve replacement or repair?			<input type="checkbox"/> Y <input type="checkbox"/> N
b. Congenital heart disease, cardiomyopathy, congestive heart failure or heart rhythm abnormality?			<input type="checkbox"/> Y <input type="checkbox"/> N
c. Stroke or transient ischemic attack (TIA) or been diagnosed with peripheral vascular disease including carotid artery disease/surgery or any type of aneurysm?			<input type="checkbox"/> Y <input type="checkbox"/> N
d. Chronic obstructive pulmonary disease (COPD), emphysema, chronic lung disease or sleep apnea?			<input type="checkbox"/> Y <input type="checkbox"/> N
e. Diabetes?			<input type="checkbox"/> Y <input type="checkbox"/> N
f. Seizures/epilepsy, paralysis, Parkinson's disease, dementia or memory disorder?			<input type="checkbox"/> Y <input type="checkbox"/> N
g. Bipolar disorder or schizophrenia or been hospitalized or treated for major depression or attempted suicide within the past 5 years?			<input type="checkbox"/> Y <input type="checkbox"/> N
h. Chronic liver disease, chronic hepatitis B or C, or cirrhosis?			<input type="checkbox"/> Y <input type="checkbox"/> N
i. Ulcerative colitis or Crohn's disease?			<input type="checkbox"/> Y <input type="checkbox"/> N
j. Impaired kidney function, chronic kidney disease, or had a kidney transplant?			<input type="checkbox"/> Y <input type="checkbox"/> N
k. Any of the following neuromuscular disorders: amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), muscular dystrophy, Huntington's disease or any other movement disorder?			<input type="checkbox"/> Y <input type="checkbox"/> N
l. Any of the following immune disorders: rheumatoid arthritis, lupus, polymyositis, dermatomyositis, systemic sclerosis, scleroderma, sarcoidosis, or vasculitis?			<input type="checkbox"/> Y <input type="checkbox"/> N
m. Any blood disorder or clotting disorder other than anemia, within the past 5 years?			<input type="checkbox"/> Y <input type="checkbox"/> N
n. Any mental or physical disorder, or medically or surgically treated condition not listed above?			<input type="checkbox"/> Y <input type="checkbox"/> N
52. Have you ever been diagnosed by a licensed medical professional as having human immune deficiency virus (HIV) infection, Acquired Immunodeficiency Syndrome (AIDS), or have you received treatment from a licensed medical professional for AIDS?			<input type="checkbox"/> Y <input type="checkbox"/> N
53. Within the past 10 years, have you had any type of cancer, other than non-melanoma skin cancer?			<input type="checkbox"/> Y <input type="checkbox"/> N
54. Within the past 10 years, have you been treated for alcohol or drug use, or been told by a licensed medical professional to limit your alcohol intake?			<input type="checkbox"/> Y <input type="checkbox"/> N
55. Within the past 5 years, have you used or experimented with cocaine, marijuana or other non-prescription stimulants, depressants, or narcotics? <i>(If "Yes", a Drug Usage Supplement is required.)</i>			<input type="checkbox"/> Y <input type="checkbox"/> N
56. List all prescription medications you are currently taking or have taken within the past 30 days.			
57. Details: <i>(List details from questions answered "Yes" and please specify to which question number details pertain.)</i>			

SERVICE OFFICE ENDORSEMENTS (For Company Use Only. We will attach additional documentation as needed.)**SUITABILITY****Complete only if applying for Variable Life Insurance**

1. Have you, the Proposed Insured and the Owner, if other than the Proposed Insured, received a current Prospectus for the policy applied for and have you had sufficient time to review it?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Do you understand that the amount and duration of the death benefit may increase or decrease depending on the investment performance of funds in the Separate Account?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Do you understand that the cash values may increase or decrease depending on the investment performance of the funds held in the Separate Account?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. With this in mind, do you believe that the policy applied for is in accord with your insurance objective and your anticipated financial needs?	<input type="checkbox"/> Y <input type="checkbox"/> N

CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS.

AGREEMENT AND ACKNOWLEDGEMENT

I, the Owner, certify that the tax identification or social security number as provided by me is correct. I also certify that I am not subject to backup withholding.

Each of the Undersigned declares that:

1. This Application consists of: a) Part I Application; b) any amendments to the application(s) attached thereto; and c) any supplements, all of which are required by the Company for the plan, amount and benefits applied for.
2. I/We further agree that (except as provided in the Temporary Life Insurance Agreement if advance payment has been made and acknowledged below and such Agreement issued), insurance will take effect under the Policy only when: 1) the Policy has been delivered to and accepted by me/us; 2) the initial premium has been paid in full during the lifetime of the Proposed Insured; and 3) the Proposed Insured remain in the same state of health and insurability as described in each part of the application at the time conditions 1) and 2) are met.

I/We have paid \$ _____ to the Agent/Representative in exchange for the Temporary Life Insurance Agreement, and I/we acknowledge that I/we fully understand and accept its terms.

3. No agent, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. I HAVE READ, or have had read to me, the completed Application for Life Insurance before signing below. All statements and answers in this application are correctly recorded, and are full, complete and true. I confirm that upon receipt of the contract I will review the answers recorded on the application. I will notify the Company immediately if any information in the application is incorrect. Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it.
5. For employer owned life insurance policies, the owner hereby acknowledges its sole responsibility for ensuring that it complies with all legal and regulatory requirements related to life insurance it purchases on its employees, including appropriate disclosure to each employee whose life is insured under such a life insurance policy.
6. Corrections, additions or changes to this application may be made by the Company. Any such changes will be shown under "Service Office Endorsements". Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

STATE DISCLOSURES

All jurisdictions except AR, AZ, CO, CT, DC, FL, KS, LA, MA, MD, MN, MO, NC, NE, NJ, NM, OH, OK, OR, PR, TX, VA, VT and WA. Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

AR, KY, ME, NM, OH and PA Only. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

TRUST VERIFICATION

I/WE hereby certify that the Trustee(s) named in this application are the Trustee(s) for the named Trust, which is in full force and effect. The Company assumes no obligation to inquire into the terms of any trust agreement affecting this policy and shall not be held liable for any party's compliance with the terms thereof. The Company may rely solely upon the signature(s) of the Trustee(s) named in this application to any receipt, release or waiver, or to any transfer or other instrument affecting this policy or any options, privileges or benefits thereunder. Unless otherwise indicated, the signature(s) of all Trustee(s) named, or their successors, will be required to exercise any contractual right under the policy. The Company shall have no obligation to see to the use or application of any funds paid to the Trustee(s) in accordance with the terms of the policy. Any such payment made by the Company to the Trustee(s) shall fully discharge the Company with respect to any amounts so paid.

AUTHORIZATION

The undersigned declares that:

I authorize any medical professional, hospital or other medical institution, insurer, MIB, Inc., or any other person or organization that has any records or knowledge of me or my physical or mental health or insurability to disclose that information to the Company, its reinsurers, or any other party acting on the Company's behalf. I authorize the Company to disclose information related to my insurability to MIB, Inc., and to other insurers to whom I may apply for coverage.

I acknowledge receipt of the Privacy Notice and the Important Notice containing the Investigative Consumer Report and MIB, Inc. information.

This authorization shall be valid for 24 months after it is signed. A photographic copy of this authorization shall be as valid as the original. I understand that I may revoke this authorization at any time by written notification to the Company; however, any action taken prior to notification will not be affected.

The purpose of this authorization is to allow the Company to determine eligibility for life coverage or a claim for benefits under a life policy.

☐ I elect to be interviewed if an Investigative Consumer Report is prepared.

SIGNATORY SECTION

Signed in _____, this _____ day of _____
(state) (month) (year)

Signature of Proposed Insured
(Parent or Guardian if under 14 years of age)

Signature of Applicant/Owner/Trustee (If other than Proposed Insured)
(Provide Officer's Title if policy is owned by a Corporation)

TO BE COMPLETED BY AGENT ONLY

(i) Does the applicant have any existing life insurance policies or annuities? ☐ Y ☐ N

(ii) Do you know or have you any reason to believe that replacement of insurance is involved? ☐ Y ☐ N

If a replacement is involved, I certify that only company approved sales materials were used in this sale and that copies of all sales materials were left with the applicant.

- ▶ I declare that I have accurately answered all questions contained in this section.
- ▶ I know of nothing affecting the insurability of the Proposed Insured which is not fully recorded in this application.
- ▶ I declare that I have provided the Proposed Insured and Owner with the Important Notice as well as a copy of the Privacy Practices Notice.
- ▶ I declare I have not been involved in any recommendation regarding the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider. If otherwise, please explain: _____
- ▶ I declare that I have verified that all life insurance coverage in force, or in the process of being applied for, on the Proposed Insured has been disclosed on this application, including any coverage that has been sold or is in the process of being sold to a life settlement, viatical or other secondary market provider.

Signature of Licensed Agent, Broker or Registered Representative

Name of Licensed Agent, Broker or Registered Representative
(Please Print)

APPLICABLE TO VARIABLE LIFE ONLY

I have reviewed the Application, Supplements, New Account Form and allocation forms and find the transaction suitable.

Signature of Registered Principal of Broker/Dealer

Name of Registered Principal of Broker/Dealer
(Please Print)

ARKANSAS

CERTIFICATE OF COMPLIANCE

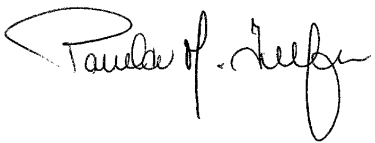
The Lincoln National Life Insurance Company

Re: LN682 – Flexible Premium Variable Life Insurance Policy
LN682-1 – Policy Specification Pages used with LN682

To the best of my knowledge and belief, the policy form listed above complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance department.

To the best of my knowledge and belief we are in compliance with the requirements of Arkansas Code Ann. 23-79-138. We provide a document entitled “Important Information to Policyholders” which contains the required information.

To the best of my knowledge and belief we are in compliance with the requirements of Regulation 49 and we provide the required Guaranty Association notice.



Pamela M. Telfer, AVP
Product Compliance

Date: September 24, 2009

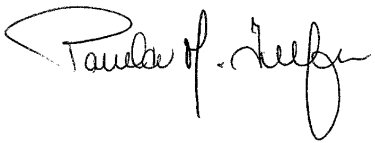
Arkansas

CERTIFICATION

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

**Form(s): LN682 – Flexible Premium Variable Life Insurance Policy
LN682-1 – Policy Specification Pages used with LN682**

I hereby certify that the guidelines of Regulation 33 (Articles, VI, VII, IX & XL) have been reviewed and that the above-captioned form(s) is/are in compliance with such guidelines.

A handwritten signature in black ink, appearing to read "Pamela Telfer", written over a horizontal line.

Pamela Telfer
Title: Assistant Vice President

Date: September 24, 2009